



Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Indiana Family and Social Services Administration***  
E. Mitchell Roob, Jr., Secretary

# **Indiana *Care Select* Community Meeting**

February 2008



# Today's Agenda

- Program Goals & Overview
- Implementation Plan
- Member Enrollment Process
- Care Management Organization (CMO) Presentations
- Question & Answer

# Program Goals

- To more effectively tailor benefits to its members
- To improve the quality of care and health outcomes of its members
- To control the growth of health care costs
- To provide a more holistic approach to member's health needs

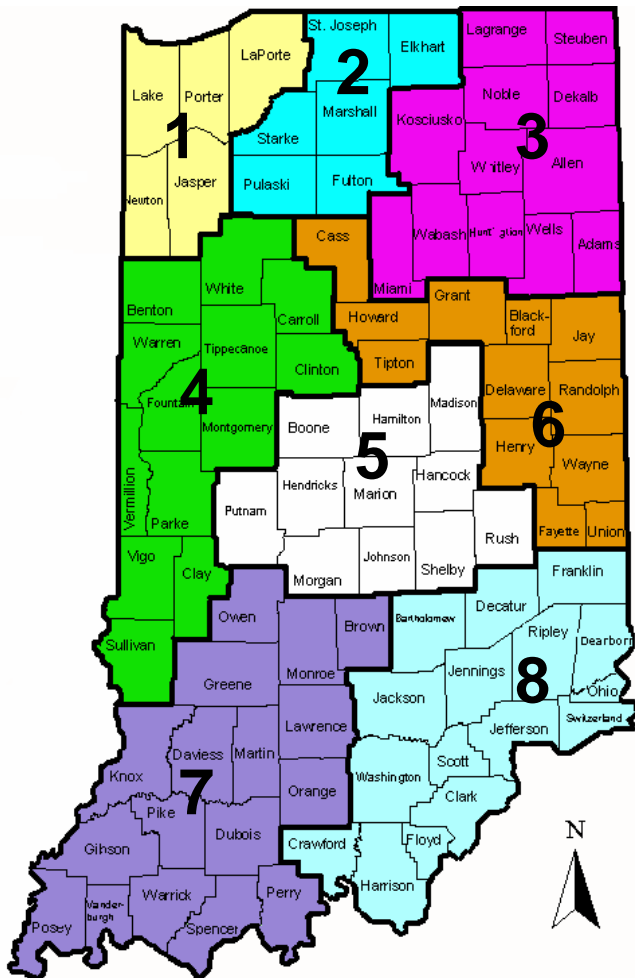
# Program Overview

- Care Coordination
  - Individualize services for its members
  - Assist its members in gaining access to needed medical, social, educational and other services
- Disease Management
  - Population-based
  - Target specific diseases
- Utilization Management
  - Appropriate use of facilities, services and pharmacy

# Implementation Plan

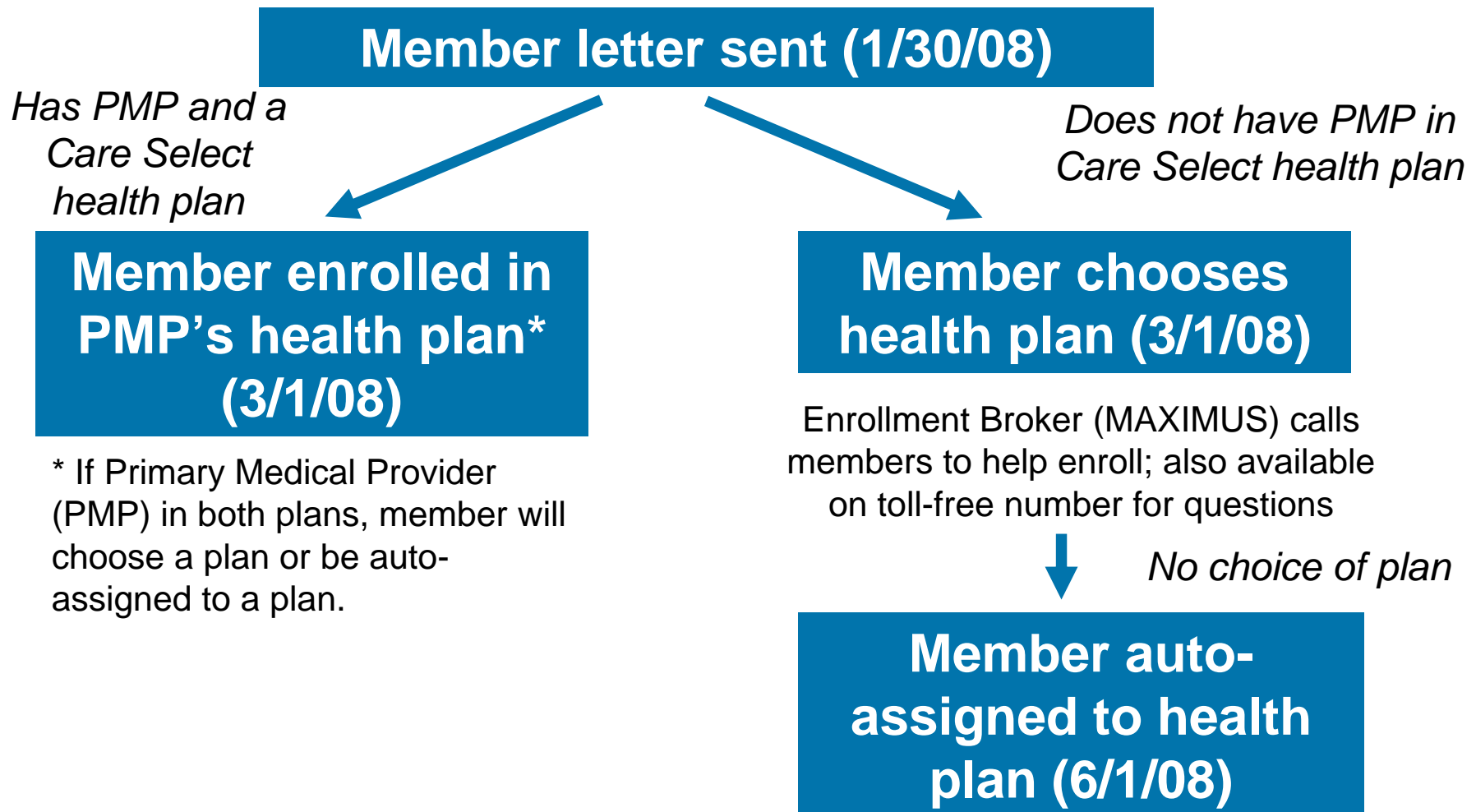
- *Care Select* Health Plans
  - ADVANTAGE Health Solutions, Inc.<sup>sm</sup>
  - MDwise, Inc.
- *Care Select* Members
  - Members that are Aged, Blind or Disabled
  - Home & Community-Based Waiver participants
  - Members who receive Adoption Assistance
  - M.E.D. Works participants
  - Will NOT include members in institutional settings or dual-eligibles (Medicare/Medicaid)

# Implementation Plan (cont.)



- Regional Implementation
  - Central Region (5 on Map): November 1, 2007
  - Statewide (1,2,3,4,6,7,8 on Map): March 1, 2008

# Member Enrollment Process



# MDwise (“med-wise”)

- Locally-owned health plan created in 1994
  - Clarian Health Partners
  - Health and Hospital Corporation (Wishard Hospital)
- Network model HMO
  - Statewide network of integrated delivery systems
- Experience
  - Indiana Medicaid – Hoosier Healthwise (since 1994) 280,000 members
  - NCQA and CMS Compliance
    - Member focus
    - Quality Measurement and improvement
    - Member Satisfaction





# MDwise (“med-wise”) (cont.)

- Orientation
  - Safety net provider network
  - Targeting special needs/low-income populations
- Partnering with AmeriHealth Mercy to serve Care Select Members
  - AmeriHealth Mercy owns and operates health plans serving Medicaid and Medicare members in Special Needs Plans
    - Keystone Mercy Health Plan in Philadelphia ( TANF and ABD)
    - PassPort Health Plan in Louisville (TANF, ABD, and Medicare SNP)
  - Also partner with MDwise for Hoosier Healthwise and HIP
    - MDwise Hoosier Alliance delivery system
    - PerformRx –Pharmacy Benefit Manager
  - Innovative Care Management technology solutions
    - CareConnect (web-based care management system)
    - Predictive modeling tools to identify and target members at highest risk and with greatest needs

# MDwise Care Management Philosophy

- Member-focused promoting self-management and self-determination
- Personal, trusting relationship with the member/caregiver
- Technology driven communication with providers, caregivers and member
- Goals aligned across team (medical, behavioral health, waiver and member/caregiver)
- Local partnerships with members, caregivers, advocates, and providers to provide relevant, effective coordination

# ADVANTAGE Health Solutions

- Locally-owned provider-sponsored health plan
    - St. Vincent Health
    - Sisters of St. Francis Health Systems
    - Saint Joseph Regional Medical Center
  - Integrated Delivery System model offering managed care solutions to employers and individual Medicare recipients
  - Emphasis on Wellness and Care Coordination
  - NCQA Excellent Accreditation through December 2009
    - Highest level achievable
    - Includes HEDIS and CAHPS scores AND oversight audit of our processes and outcomes
- Demonstrates robust continuous quality (service and clinical) program and that our members receive outstanding care



*...rising above the service you expect<sup>SM</sup>*



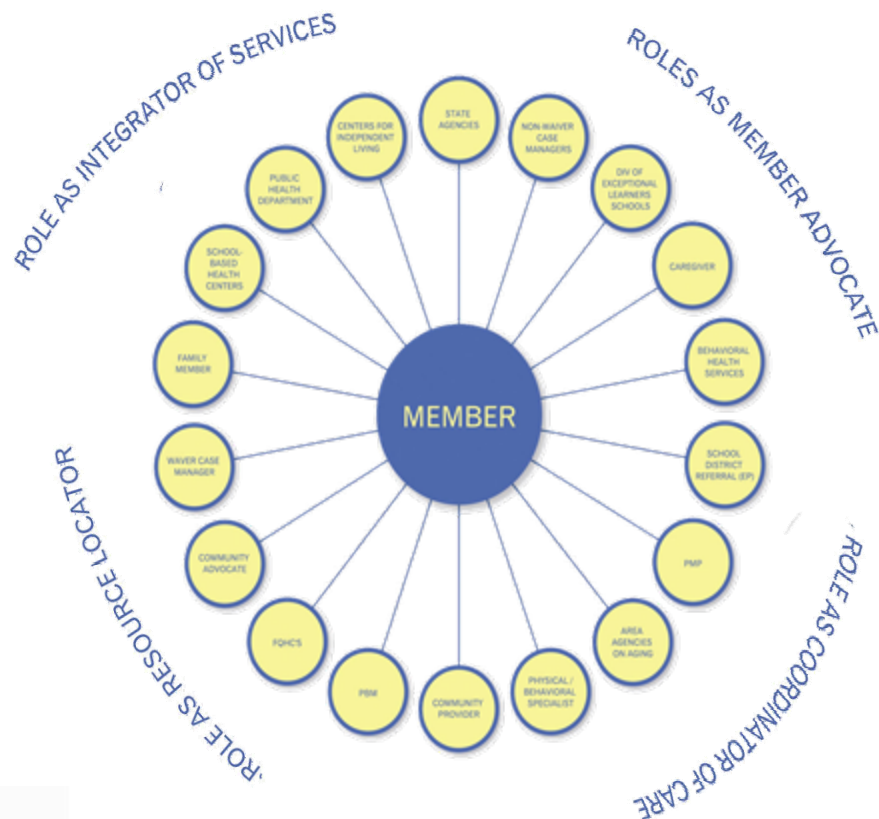
# ADVANTAGE Health Solutions (cont.)

- Partnering with Schaller Anderson for care management program
- 20 years experience with care managing the Medicaid population
- NCQA-certified in disease management program design
- Robust and integrated disease risk assessment stratification and population-based health outcomes management strategies
- State-of-the art technology support



# ADVANTAGE Health Solutions

## Member-Centered Philosophy



*...rising above the service you expect<sup>SM</sup>*



# Advantage Care Management Philosophy

- Member-centered care management focus
- Strong partnerships with community providers to coordinate behavioral, developmental and medical services
- Utilize assessments and risk stratification tools to determine needs at the member/provider level
- Excel in communication with members, their families and their caregivers



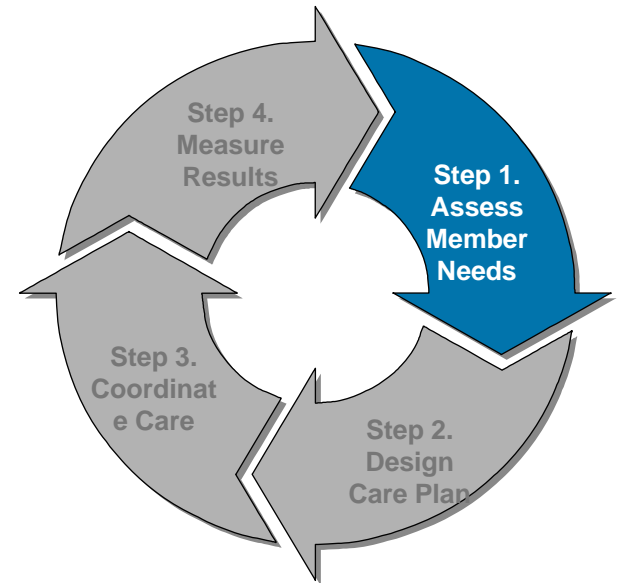
# Care Management Model

- Member assessment includes input from all stakeholders
- All members receive Level 1 through Level 4 care management
- Results of care plans reassessed at least annually



# Step 1: Assess Member Needs

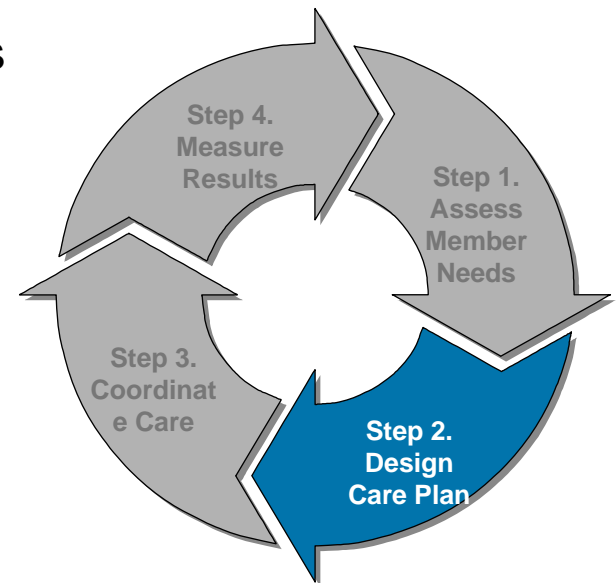
- Identify high risk members through medical claims history/risk stratification
- Identify affiliation with waiver case manager or CMHC case manager
- Share existing assessments/care plans to avoid duplicative assessment of needs or interventions
- Conduct initial interview to;
  - Assign care management level
  - Identify the need for medical, behavioral, psychosocial, and/or functional assessment
  - Identify immediate needs
- Implement immediate interventions if needed





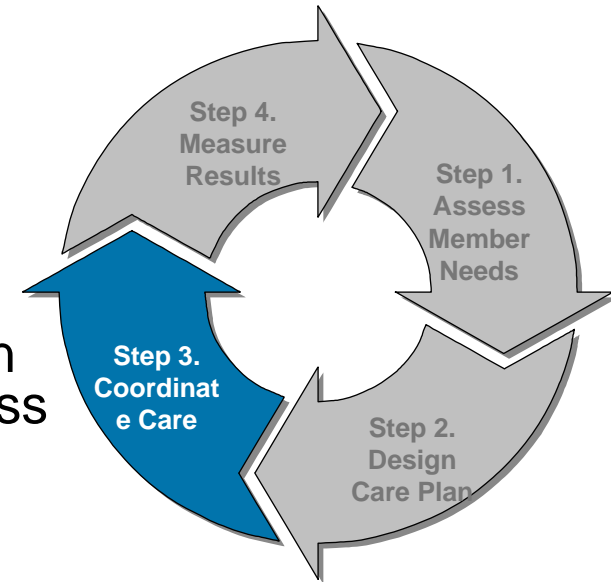
# Step 2: Design Care Plan

- Involve member, caregivers and providers in:
  - Comprehensive assessment of needs
  - Establishing care plan goals that are evidence-based and outcomes oriented
  - Taking responsibility for achieving care plan goals
- Integrate goals/interventions across a member's care plans
  - Primary care
  - Medicaid waiver program
  - Individualized Education Plan (IEP)
  - CMHC/behavioral health treatment plan
- Prioritize goals/interventions recognizing the member's priorities



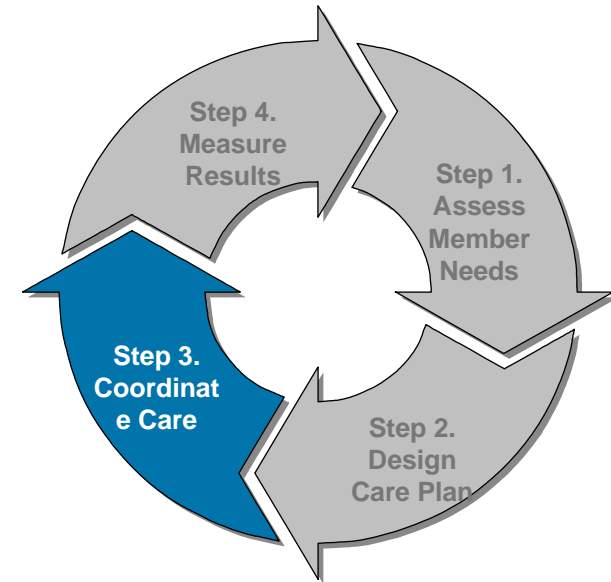
# Step 3: Coordinate Care

- Share individualized care plan with:
  - Member/caregiver
  - PMP
  - Waiver/CMHC case managers
- Involve members, caregivers, Care Managers, Care Partners, Care Advocates, and providers in active dialogue about barriers, goals and progress
  - Web-based care plans
  - Care conferences
  - Ongoing dialogue
- Facilitate communication with health care providers, i.e. physicians, community organizations, waiver programs, school-based services



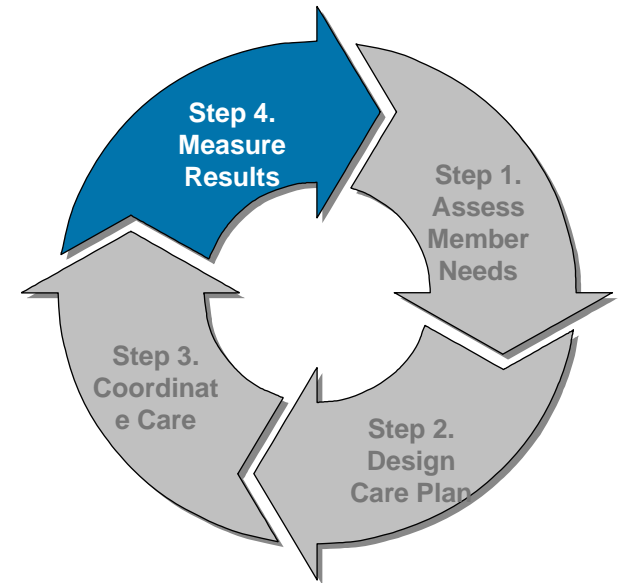
# Step 3: Coordinate Care (cont.)

- Connect member/caregiver with needed services
- Advocate for member by
  - Removing barriers to care
  - Providing education about conditions, access to care, member rights and responsibilities
- Facilitate member/caregiver independence through teaching and reinforcing self-management skills
- Utilize the member's comprehensive assessment and care plan to provide context and support for PA requests



# Step 4: Measure Results

- Member level outcomes
  - Achievement of care plan goals
  - Annual health needs assessment
- Program level outcomes
  - Member and provider satisfaction
  - Evidence-based practice
  - Improvement in quality of life metrics
  - Reduction in inpatient/ER admissions
  - Complaints, grievances/appeals



# Question & Answer

For more information, visit  
<http://www.in.gov/fssa/ompp/4161.htm>

or e-mail us at

[careselect@fssa.in.gov](mailto:careselect@fssa.in.gov)

# Member Resources

General *Care Select* Questions or need to join a CMO?

- Contact the **Care Select Helpline** at 1-866-963-7383

Questions about Advantage CMO?

- Contact **ADVANTAGE Health Solutions** at [www.advantageplan.com](http://www.advantageplan.com) or 1-866-504-6708

Questions about MDwise, Inc. CMO?

- Contact **MDwise** at [www.mdwise.org](http://www.mdwise.org) or 1-866-440-2449

Questions for the State?

- Contact the State of Indiana at: [caresselect@fssa.in.gov](mailto:caresselect@fssa.in.gov)